

GOVERNMENT TRAVEL CARD  
STATEMENT OF UNDERSTANDING

APPLICANT'S NAME: \_\_\_\_\_

APPLICANT'S UNIT: \_\_\_\_\_

I certify that I have read the DoD Government Travel Card policy and procedures contained on the contractor's Government Card Application & Agreement. I certify that I have reviewed or been briefed on the contents of FRMOI 37-2, Government Travel Card Program.

I understand that the Government Travel Card Program is designed to improve the management and control of government travel and thereby promote the efficiency of the Federal Government. I also understand that I am authorized to use the card **only** for those necessary and reasonable expenses incurred by me for **official TDY travel**. I will abide by the instructions issued by the Department of Defense and First Region (ROTC).

The limitation on card usage also applies to automated teller machine (ATM) withdrawals. The amount of cash withdrawals may not exceed \$250.00 per billing cycle for a standard card or \$125.00 per billing cycle for restricted cards. I will, however, endeavor to charge expenses to the account wherever feasible rather than use cash withdrawals.

I understand that the issuance to the Government Travel Card to me is an extension of the employee-employer relationship and that I am being specifically directed to: (Applicant must initial all of the following provisions.)

- Abide by all rules and regulations with respect to the card. \_\_\_\_\_
- Use the card only for official TDY travel. \_\_\_\_\_
- Pay all charges upon receipt of the monthly billing statement. \_\_\_\_\_
- Notify my program coordinator of any problems with respect to my use of the card. \_\_\_\_\_
- Notify the contractor if my card is lost or stolen. \_\_\_\_\_
- Submit Travel Settlement Voucher within five days of completion of travel. \_\_\_\_\_

I also understand that failure on my part to abide by these rules or otherwise misuse the card may result in disciplinary action being taken against me. I also acknowledge the right of the Travel Card Contractor and/or my program coordinator to revoke or suspend my card privileges if I fail to abide by the terms of this agreement or the agreement I have signed with the Travel Card Contractor.

\_\_\_\_\_  
(Applicant's signature)

\_\_\_\_\_  
(Supervisor's signature)

\_\_\_\_\_  
(Applicant's printed name)

\_\_\_\_\_  
(Supervisor's printed name)

\_\_\_\_\_  
(Date of signature)

\_\_\_\_\_  
(Date of signature)